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ABSTRACT

Presented are key addresses and workshop summaries of the National Conference on Child Abuse (1973). Stressed by key speakers was the need for a coordinated, multidisciplinary effort at federal, state, and local levels in the areas of prevention, identification, and treatment of child abuse and neglect. Considered in the workshop summaries were five major problem areas: identification, legislation, prevention and rehabilitation, education, and research. Recommendations by conference participants included improved health care for infants and preschool children, establishment of a National Center on Child Abuse to coordinate and disseminate information and to report on model laws; rehabilitation services (such as crisis intervention, job placement, and parent education) for the entire family unit; and family and community education with regard to prevention, casefinding, and nonpunitive therapeutic intervention. Discussed in a closing session were the issues of the social aspects of child abuse; research, evaluation, and clinical support functions of the proposed National Center; and the need to respect anonymity in order to obtain full cooperation from child-abusing parents who seek professional help. Names and addresses of conference participants are listed. (LH)

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NATIONAL CONFERENCE ON CHILD ABUSE:

A SUMMARY REPORT

1973

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PREFACE

Several decades have passed since leading medical journals have held that it is difficult to avoid the conclusion that certain types of previously unexplained skeletal injuries in infants are due to the application of "undesirable vectors of force." In the period since, the problem of child abuse and the related problem of child neglect have become matters of growing national concern as more has been learned about these two proolems which so often have been hidden from the public view.

The more that has been learned, the more it is realized that no one really knows whether estimates of 60,000 annual cases of possible child abuse reflect the true national incidence of the problem or whether the problem is even larger. What is known, however, is that a growing number of Americans in all parts of the Nation are actively putting their energies to work on this tragic problem.

The Children's Hospital of the District of Columbia, and the National Institute of Mental Health, as one of the many Federal agencies concerned with the health and well-being of children, convened a National Conference on Child Abuse in Washington, D.C. on June 8 and 9, 1973. In charge of planning were Gisela M. Meloy, M.D., child psychiatrist and community mental health consultant, NIMH Center for Studies of Child and Family Mental Health, and Annette Heiser, M.D., conference coordinator and director of the Child Abuse Team at Children's Hospital, Washington, D.C. The purpose was to present the state of the art, identify the issues, and delineate guidelines for future action against child abuse and neglect.

In the various working sessions, the assembly was asked to consider: (1) improved definitions and identification of the problem area; (2) current and proposed legislation as it relates to the rights of children and the rights of parents; (3) efforts directed at early prevention and rehabilitation and a consideration of needed community services; (4) improved educational programs aimed at those involved in the identification and treatment of child abuse, parents and the community at large; and (5) major research gaps and strategies for improving the development and refinement of needed knowledge in the areas of child abuse and neglect.

This report presents the full texts of the key speakers and summaries of the work group discussions. Also summarized is the closing session in which participants voiced many of the key issues and concerns involved in

child abuse and neglect. A complete list of participants is included, to indicate the broad range of activity and interest in the field. Finally, this material reflects the major points of discussion and opinions of the conference participants themselves, and not necessarily those of the National Institute of Mental Health.

This summary of the conference is provided to the professional and the concerned lay public in the hope of encouraging further discussion and exchange on this vital and serious area of national concern.

CONFERENCE AGENDA

NATIONAL CONFERENCE ON CHILD ABUSE
SHERATON-PARK HOTEL, WASHINGTON, D.C.
JUNE 7-9, 1973

PROGRAM

Thursday, June 7, 1973

5:30 p.m. - 8:30 p.m.	Registration	Upper Concourse of States
6:30 p.m. - 8:00 p.m.	Get Acquainted Reception (Courtesy of Ross Laboratories)	Delaware Suite
8:00 p.m. - 8:30 p.m.	Welcoming Remarks	Delaware Suite Donald Delaney, M.D. Associate Director Children's Hospital James Goodman, Ph.D. Director, Division of Special Mental Health Programs National Institute of Mental Health The Honorable Robert T. Stafford Senate Subcommittee— Children and Youth

Friday, June 8, 1973

8:00 a.m. - 5:00 p.m.	Registration	Upper Concourse of States
9:00 a.m. - 10:00 a.m.	Opening Session Introductory Remarks:	Continental Room Annette Heiser, M.D. Conference Coordinator
	Keynote Speaker:	The Honorable Walter F. Mondale United States Senate
	Instructions:	Carole Kauffman, R.N., MPH Assistant Conference Coordinator

		Public Health Nurse Coordinator Children's Hospital
10:00 a.m. - 12:00 p.m.	Work Group Sessions Work Group One Identification	Madison Room
10:00 a.m. - 12:00 p.m.	Work Group Two Legislation	Vinson Room
	Work Group Three Prevention & Rehabilitation	Marshall Room
	Work Group Four Education	Warren Room
	Work Group Five Research	Taft Room
12:00 p.m. - 1:30 p.m.	Luncheon (own arrangements)	
1:30 p.m. - 5:00 p.m.	Work Group Sessions Same assignments as above	

Saturday, June 9, 1973

8:30 a.m. - 12:00 p.m.	Registration	Upper Concourse of States
9:00 a.m. - 12:00 p.m.	Work Group Sessions	
	Work Group One Identification	Baltimore Room
	Work Group Two Legislation	Vinson Room
	Work Group Three Prevention & Rehabilitation	Marshall Room
	Work Group Four Education	Warren Room
	Work Group Five Research	Taft Room
12:00 p.m. - 1:30 p.m.	Luncheon (own arrangements)	
1:30 p.m. - 2:45 p.m.	General Session Work Group Recommendations	Baltimore Room
2:45 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 4:00 p.m.	Panel—open to questions from the floor	

PLANNING COMMITTEE

Annette Heiser, M.D.	Conference Coordinator, Instructor of Pediatrics Children's Hospital
Carole Kauffman, R.N. MPH	Assistant Conference Coordinator, Public Health Nurse Coordinator, Children's Hospital
Donald Delaney, M.D.	Associate Director, Children's Hospital

Belinda Straight, M.D.	Professor of Psychiatry, Children's Hospital
Alan Zients, M.D.	Staff Psychiatrist, Children's Hospital
Edwin J. Nichols, Ph.D.	Chief, Center for Studies of Child and Family Mental Health, National Institute of Mental Health
Gisela Meloy, M.D.	Child Psychiatrist, Center for Studies of Child and Family Mental Health, National Institute of Mental Health
Joy G. Schulterbrandt	Research Psychologist, Center for Studies of Child and Family Mental Health, National Institute of Mental Health

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WELCOMING REMARKS

Bertram S. Brown, M.D.
Director
National Institute of Mental Health

presented by
James A. Goodman, Ph.D.
Director
Division of Special Mental Health Programs
National Institute of Mental Health

Ladies and Gentlemen: Two days ago, when I was considering what I would say to you, I saw a brief article in the morning newspaper which I think typifies present endeavors to do something about child abuse.

In Fairfax County, across the Potomac in Virginia, the Board of Supervisors has authorized the creation of a special child abuse task force to assemble information on the extent of the problem in the County. This action came about as a result of an earlier study conducted by the Chantilly Jaycees, the Junior Women's Clubs of Northern Virginia, and the Greenbriar Civic Association. These private groups found that County agencies had been using varying definitions of child abuse, had been getting involved to a lesser or greater degree, according to their separate criteria, and had not been coordinating their information. As a result, the County had no way of knowing how many of its children were being abused and had no adequate basis for developing appropriate policies and actions.

This is a situation with which all of you are familiar. On the one hand, professionals struggling to rescue battered children lack adequate guidelines, reporting systems, and administrative backing. On the other hand, concerned laymen are appealing to the legal, the medical, and the social welfare communities to do more about this age-old problem.

Some progress is indeed being made, but much of the progress also brings to light how much more still needs to be done before society as a whole effectively recognizes and acts upon its responsibility to provide protection for its youngest and most helpless members.

While reporting is universally required in all States, there are differences in what kinds of personnel or persons involved in child abuse are required to report at this time. Hospital staff members, pediatricians, and social workers are increasingly alert to signs of abuse. New approaches have been developed within the disciplines of medicine, law, and the social

sciences. Interest in research is accelerating. Magazines and newspapers report with increasing frequency on battered children and their tragic parents.

Here at the Federal level, child abuse has been the concern of the Office of Child Development, the Social and Rehabilitation Service, the Maternal and Child Health Service, the National Institute of Mental Health, and the National Institute of Child Health and Human Development.

With the support of an NIMH grant, Elizabeth Elmer produced *Children in Jeopardy*, the first book-length study of child abuse based on personal interviews with parents and clinical evaluations of the children, and a milestone in the literature. Now, at the Institute, we are awaiting the results of a new longitudinal study of abused children in Los Angeles. Under the direction of Dr. James Kent, Children's Hospital, Los Angeles, this grant will deal with the long-term adjustment of the battered child, with the testing of "risk profiles" developed at the early stages, and with the subsequent effects of intervention.

This conference can contribute still further to serious consideration of the child abuse problem from the vantage point and expertise of many professional disciplines. The NIMH goal in sponsoring the conference was in fact to bring together significant people in the child abuse field to define our needs and recommend the means by which this country can effectively reduce child abuse now and help prevent it in the future. You will have noted from the program that this is truly a *working* conference, made up of professionals and nonprofessionals from both the private and public sectors.

This is the first conference with large-scale Federal participation and knowledgeable persons concerned with child abuse. We are hopeful that this conference will indeed begin a process of closer and more fruitful communication in the child abuse field that will continue long after this conference has ended and for many years to come.

Secondly, we welcome your presence here today because we are confident that from your deliberations will emerge clearer guidelines for the development of more effective strategies at all levels of society and government for dealing with child abuse problems. Specifically, and in order to make the maximum use of the expertise that is here assembled, we are inviting you to divide into five work groups that will each concentrate on a major topical area.

One such area concerns the development of improved means for identifying children who are victims of child abuse. As you know, professionals disagree among themselves on this issue. So do parents and neighbors. Inaction is all too often the result. Yet the issue remains, and it is increasingly important now when new approaches and laws regarding identification are being introduced in municipalities, States, and at the Federal level.

Legislation now being introduced at the State and Federal levels provides a second major area for discussion. The work group concerned with

legislation will be asked to review current and proposed legislation as it affects child abuse and the rights of children. Various issues can be anticipated: the rights of parents and the rights of children; the feasibility of a Federal law specific to the rights of children; the adequacy of present State laws; additions or revisions in proposed Federal legislation.

Concerns for prevention and rehabilitation are obviously a very important area in child abuse but much work is to be done to achieve this goal, and it is at best a difficult task. Discussion topics for this work group may include: a review of current modalities of recognition and treatment; the feasibility of establishing preventive-rehabilitative models which take into consideration social and cultural aspects as well as community resources; guidelines for launching programs in individual communities; and the establishment of protocols for evaluating other program effectiveness.

Establishment of educational programs in child abuse, at both the professional and community levels, is a fourth major area of concern. Focal points of discussion may be the possible establishment of a core curricular design that can be used by all disciplines involved with child abuse, and the development of mechanisms for initiating and maintaining such curricula.

In the area of research, which forms the fifth topic of major concern, we know that much more research is needed and that present efforts are fragmented. We are, therefore, hopeful that the work group on research will establish guidelines that can assist in greater coordination of future efforts, and that this group will also identify specific problems on which more research is needed as a matter of priority. For example, we are hopeful that this group will share with us its thinking on the extent to which the problem of child abuse should be studied in its broader social contexts and the extent to which it may be more fruitful to concentrate on studies of the individual families, parents, and children who are affected by this problem.

This, then, is the program of this conference as it begins, but not necessarily as it will end. We have provided merely a suggested working agenda to begin the conference discussions, and we anticipate that each of these agendas may need to be substantially revised as the discussions proceed, and as your own working knowledge and familiarity with problems in the field are increasingly brought to bear. We are indeed eager to hear your comments and receive your recommendations.

In dealing with the important and yet baffling problem of child abuse, it may also be useful to recall that there is no single solution to the problem, and that all of us at this conference can benefit from exploring a variety of approaches. At the Federal level, for example, our role is to aid States and localities in carrying out their responsibilities for the protection of children. This is done through such Federal activities as the development of a uniform reporting law; the conduct of research and demonstrations; grants to States for health services and provision of food, clothing and shelter; and provision of technical assistance and consultation.

The active protection of children is largely the responsibility of the States and is reflected in a variety of statutory provisions, including those of the criminal law, juvenile court acts, protective services legislation, and specific child abuse reporting laws. In addition, it is at the State and local levels that nearly all work with respect to prevention, treatment, and rehabilitation is carried out. Many Federal agencies are involved in activities that support these State and local programs, and there is thus already in being a continuum of Federal, State, and local involvement in the child abuse area.

As the dimensions of the problem have become increasingly known, there has also been a recognition by the Federal Government that additional efforts on behalf of affected children and families are needed. It is precisely because of its concern with problems such as child abuse that the Department of Health, Education, and Welfare has recently created the Office of the Assistant Secretary for Human Development. It is through this office that the needs of the most vulnerable groups in our population, including children, will be addressed, and Federal efforts on their behalf will be coordinated for maximum effect. The Office of Child Development, within the Office of the Assistant Secretary for Human Development, is planning to undertake an analysis of all aspects of the problem of child abuse and neglect.

The future thus holds the promise for more effective and coordinated national effort in the child abuse area, but many questions will need to be resolved before more effective programs can be designed.

Should child abuse be the responsibility of the triad of nurse, doctor, social worker? Should other professions and groups such as Parents Anonymous, police, legislators become increasingly active? Are a few specialized centers the best avenues for training and research, or should there be a multiplicity of training programs and research effort? These are only a sample of the questions now before this conference, and we shall welcome your answers.

KEYNOTE ADDRESS

Honorable Walter F. Mondale
United States Senate
Chairman, Subcommittee on Children and Youth

I am very pleased to be here this morning and especially pleased that this conference has been called. I believe that for the first time in our country's history our leaders and interested persons from throughout the country are meeting here for 2 days to try to develop a long-overdue approach and strategy to deal with one of the most heart-breaking phenomena in American life, namely the tragedy visited upon thousands and thousands of our children and known as child abuse.

I'm very pleased that this meeting has been called and most impressed by the quality of those of you participating and the years of experience that you bring to your work. I'm very hopeful that we might have the product of your thinking, either collectively or individually, or both, as we proceed to take legislative steps to mount what I at least feel is needed—a more effective attack on this heartbreaking problem. I also want to thank Dr. Heiser and the staff at Children's Hospital here in the District of Columbia for helping to educate Senator Stafford and myself, and members of our staff, on the efforts in the District to deal with child abuse.

I also want to thank those who participated in our New York hearings at Roosevelt Hospital for their efforts, Dr. Kempe, and those who participated in one or another of these hearings and who have been working with our staff on legislation which I hope will be acted on by midsummer.

For nearly 9 years now, as a layman interested in poverty and the disadvantaged, I have served on most of the committees and subcommittees in the Senate dealing with human problems, namely, manpower, poverty, education, health, housing, nutrition, and some of the others, which have come and gone. I have sat on the Education Subcommittee and the Select Committee on Equal Education and the rest, and I am appalled by the way in which our society has failed to focus upon the problems of children and how we fail to respond in an adequate way.

We often respond in impressive ways, but as you look at the total problems which children face in our society, we, I'm afraid, do not deserve a very high grade when you compare what we're doing with the strength and the wealth of American society. If we would just match a little bit of that rhetoric with a little bit of substance, I think we might be surprised how much better we can do, and how much money we'd save.

As this work that I've been doing and others have been doing has proceeded, I kept seeing signs here and there of this child abuse problem, whether in the hunger context or the migrant context, or the poverty context, or housing. Wherever you go you will see bits and pieces of the problem. So, finally we decided to focus on the question of child abuse as a problem in itself, realizing that it had many other roots and realizing that, in a sense, it's almost impossible to define. Yet it does embody a manifestation of physical, mental and psychological abuse that is so serious that it, in my opinion, requires a separate, concentrated focus which does not exist except in a few instances around this country.

Now, I think many of you are aware of the hearings that we've had in which we've listened to a broad range of witnesses. We have also had three field hearings which is some kind of record because the Senators, as you see in the Watergate case, would much rather have you come and just talk to them. We have developed a *tentative* proposal, and I want to underscore that word *tentative*, because I don't feel wedded to any proposal at this time. I would hope that we could have your collective and individual recommendations on this legislation, how you look at existing legislation, what you think we should do to better deal with this problem.

Our proposal, known as S. 1191, as you know, does three or four things. It creates a new national center on child abuse which is designed to collect and provide information on research and on child abuse programs. Secondly, it would create a national commission to study the complex, unresolved legal problems in this area, and to make recommendations for needed changes in Federal and State laws. Thirdly, it would establish demonstration grant programs. It would provide financial assistance for programs working on identification, prevention, and treatment of child abuse, including multidisciplinary teams, lay therapists and a whole range of self-help groups like Parents Anonymous, Families Anonymous and any variation of that effort. An appropriation of $90,000,000 would be authorized for these activities over 5 years.

Now, this proposal, if it were adopted and fully funded, obviously would not solve the problem of child abuse in this country, but I do believe it would provide a focus. It would encourage a broad range of different kinds of efforts in communities throughout this country, and it would bring experience and information to a central point, in a way that I believe would be exceedingly helpful in seeking to make progress in this field.

I would appreciate receiving any suggestions you have about changing the proposal, strengthening it, and increasing the authority. Even in the good old days, I used to say we authorized dreams and appropriated peanuts, but now we both authorize and appropriate peanuts where human problems are concerned. If it's for other things, sometimes we have all we need. Don't underestimate this problem in this environment; we need

to get the money necessary for this most compelling, heartbreaking, human problem of child abuse.

I've gone through it so many times and seen things that we desperately know to be needed for children, or for other human programs, and found that somehow we can't generate the support that we need for the authority. It's even more difficult to generate the funds by appropriations, and now, of course, we're having this special problem of impoundment. This is a new problem that we're trying to deal with to make certain that when we finally do act, when a law becomes a law and funds are appropriated, that those who swear to faithfully execute the laws, execute them and don't kill them. It's a difference in semantics we're working on now, and it's very serious, because the whole range of social programs is under very serious attack.

One thing we can do is use the tools that exist in the 4-B program, the child protection provisions which now exist in the law. Yesterday, or the day before, the new nominee for the director of The Social and Rehabilitation Services, Mr. Dwight, fresh from his experience with Mr. Reagan, appeared before us; and I asked him to submit, before his confirmation, his notions as to what we might do through 4-A and 4-B to provide a better focus and national effort in this field. He promised to do that and that might be helpful.

In addition to the Child Abuse Prevention Act, we are also planning to adopt an amendment on the first welfare or revenue measure to require States, as a condition to receiving Federal funding, to develop programs to provide a focus and a system of treatment and care in the area of child abuse. We have not worked out the details of that effort as yet, but I believe it's essential to do something along that line. I do not intend to be critical of the NIMH, because a lot of the information we're dealing with comes from it, and I know the commitment it has to the solution of human problems. But the fact is that, for some reason you may understand better than I do, there has been great resistance at many levels of Government toward this effort we're talking about, and I think it will take legislative mandates to accomplish what we feel is needed.

Let me say that I would hope that whatever we come up with would have several elements. First of all, I believe it needs to be multidisciplinary. I think there's plenty for everybody to do, and I've been through enough of these human problem fights to know what happens when various agencies start struggling with each other over the pie before there is a pot. Usually, nothing happens. For example, I went through an attempt to legislate a child development program, and I found toward the end that we spent a good deal of time not fighting for human programs, but fighting each other over who was going to get the money. In a sense, we hold children hostage to our own struggles.

The thing that makes it so tragic and in some ways pathetic is that if we could just sit down together and develop a mutual program, it would

be obvious that everyone has a great deal to contribute, and that everyone is needed. We need expansion in 4-A, 4-B, and other efforts and programs. Above all, we need to cooperate, unite, coordinate and draw upon social and welfare workers, psychiatrists, educators, law enforcement officers, or lay therapists, and to use the skills of all disciplines. The whole range is needed, and I am more than anxious to create a measure which incorporates that principle so that we are all in it from the beginning, and we all understand how it's going to work and proceed in that cooperative move.

I can assure you that if there is a repetition of some ancient struggles, the result will be nothing at all, so I flag that because I've been through it enough. I suggest that one of the great things you can do here is to sit down and help pull this thing together for us so that we can all proceed in the same direction to create a program with which we can all agree and which will have the cooperation of all of us.

Secondly, it seems to me that this program must include a strong component of volunteerism. That's often an easy way out, and I don't propose it is a substitute for the public effort or the paid effort, but we've had enough testimony from Parents Anonymous, Families Anonymous, and the rest, to know that many, many parents who are abusing their children want help, but they don't know how to ask for it. They are afraid that if they call law enforcement officers they might go to jail or they might lose their children. They are afraid and baffled, and we've had a lot of evidence that many of them, in a strange, twisted way, have gone to welfare offices, to hospitals and the rest, pleading for help and hoping that someone would identify the problem without getting them in that kind of trouble.

It seems to me that these contributions by lay persons could involve a wide range of people operating in many different ways—some of them former child abusers, some of them parents who volunteer to support other parents. I think we can have a great deal of variety; but there ought to be, wherever we can have it, a lay organization which child abusers feel they can safely call to get help and to find a friend in an environment which does not frighten them away. I feel that that makes a good deal of sense, and I would like to see substantial emphasis on such lay involvement in anything we do. There are many other elements to consider, but you're much more familiar with these than I am, and we want your advice and your counsel.

One of the things that really impressed me in Denver was the use of lay therapists who are full-time parents, but part-time friends to families who are in crisis. These people more or less adopt maybe two or possibly three families at the most. They are then available on a 24-hour basis to try to help those families when they are in trouble and to take some of the pressure off them when they are most in need of help. I think it's hard for a middle-class family to sometimes realize what it's like to be parents, maybe young parents, with no money for babysitters, no money to get out of the house, just grinding away 24 hours a day, apparently for the rest

of their lives with no break. If they have psychological problems, if they're immature or have other difficulties, sometimes they just break. Often what they need is not a great deal of service. They just need a friend with whom they can talk. I would like to see a strong effort along these lines.

Well, these are just some of my observations. I look forward to the product of your efforts, and I would hope when it's all done, we might get a report to help our committee in its efforts.

One thing I want to comment on and then I'll quit. In about a month we hope to begin hearings on what we may call the conditions of the American family. We've talked mainly about child abuse this morning, but I think the time has also come for the Congress to focus more generally upon the health and vitality of the family unit, and to take a look at what public policies are doing to strengthen or weaken the family. Take a look at tax policies. Why can General Motors just decide how many jets they want, knowing that the public will pay for it? Why do we have unlimited deductions for this or that of a business nature and yet put such tremendous financial pressure with very little tax relief upon the average family struggling to raise its children? The individual tax deduction of $750 was designed years and years ago to give a little relief to families in the cost of raising children. Today that deduction is worth only about $300 a year because of inflation, and ironically it brings a great relief to the rich and practically none to the poor. It seems very strange that we would have tax policies that are so ignorant of the cost of rearing children.

We are about the only industrial society that doesn't have some kind of children's allowance to help families during the costly period of rearing children. We just sort of think they will be able to handle it. I don't have to tell you about our welfare laws or proposals for our welfare laws in many States that almost make it a condition of public assistance to separate the family. Proposals that we hear of lately say that it is always important for American society that the mother of a welfare family leave her children in order to go to work. I do not think that is always in the best interest of American society.

There are many other features of our housing laws, our educational system and so on which, I think, in mindless ways put pressure upon the American family or fail to provide help for the American family. The results, it seems to me, show that the American family, particularly among lower socioeconomic levels, is beginning to crack up. I think when that happens other things such as child abuse will also begin to happen more often.

I would hope that, in addition to dealing with the symptoms of deteriorating families, we would try to look behind them to see what we might do to reverse this trend and to try to get a new sense of consciousness about the importance of the family unit and what must go into Federal, State and local policies to help make families stronger and happier and more healthy than they are today.

ADDRESS

Stanley B. Thomas, Jr.
Acting Assistant Secretary for Human Development
U.S. Department of Health, Education, and Welfare

Good afternoon! Slightly over 2 months ago the Office of Human Development came into existence in the Office of the Secretary as a Department effort to ensure that serious and deep-rooted problems unique to particularly vulnerable groups of people—and child abuse is clearly one of the most disturbing and destructive—would be addressed more effectively than heavily fragmented efforts have permitted in the past. As Acting Assistant Secretary for Human Development, I am deeply involved in developing ways to bring OHD's special mission to fruition, and for this reason I am pleased at this opportunity today to tell you of a range of initiatives we in Human Development will be carrying forward in the fiscal year nearly upon us. My presence today comes at the express wish of Secretary Weinberger, who is most interested in the conference proceedings, and has, in fact, specifically requested a copy of the Report resulting from the conference.

We at the Department of Health, Education, and Welfare share your concern with the problem of child abuse and neglect. In recent weeks, members of the Department have met with some of you in order to explore activities which could possibly be supported by the Department, and to provide suggestions to us for appropriate leadership initiatives which the Department could realistically undertake.

I do not wish to give a history of our concern nor do I wish to take the time now to discuss in any great detail those issues which the conference is addressing. We all recognize that the problem of child abuse and neglect is complex, requiring the expertise of many and the education of all. But I would like you to know that Secretary Weinberger has designated the new Office of Human Development—and within it, the Office of Child Development—as the primary focus of responsibility for coordination of all Departmental efforts on child abuse. He has further instructed DHEW agencies to earmark $4 million in FY 1974 for new activities focused on child abuse.

I would like to share with you the ways we intend to act on that mandate.

Experiences with widely diverse State reporting laws speak to the need for their revision, if these laws are to function effectively. There are marked inconsistencies from State to State in the way the reporting laws address issues such as definitions of abuse, the upper age limits used in bringing the child under the protection of the law, the categories of people required to report child abuse incidents and to whom they must report, and whether said reporting is mandatory or permissive and with or without immunity. As a result, we will initiate a revision of the model child abuse reporting law first developed in 1962.

We anticipate surveying State and local child abuse and neglected children service programs in order to develop program models and systems which could be replicated. Experiences with varying degrees of success from State to State in the provision of services to abused children and their families can be shared among both existing and contemplated programs in improving the quality of all types of services for maltreated children and for those who torment them.

In order to develop creative new approaches and programs, and to better allocate our resources, we—*all* of us—require a far more adequate picture of the incidence and characteristics of child abuse than is currently available. We in HEW intend to test the feasibility of a national clearinghouse for the collection and dissemination of data with respect to child abuse and neglect.

Because of the need, we also plan to develop training materials for teachers, police, social workers, nurses and physicians, and other people likely to come into contact with abused or neglected children.

These initiatives are in addition to existing Departmental activities supported through a variety of legislative authorities and represent activities appropriate to the Federal role in what has hitherto been State-assumed responsibility. But we will continue to build upon the existing network of State and local institutions such as schools, hospitals, law enforcement and social service agencies. This network has the potential for making significant contributions to the alleviation of the problem of child abuse if given sufficient support and informed leadership.

We share your belief that communications must be enhanced, efforts must be coordinated, professional disciplines must cooperate, and public education must be intensified. This conference represents one step in this process, and we are pleased to have provided the necessary support for its occurrence.

Let me caution us all who are disturbed by child abuse and its consequences—both to the child and his family—that while we are ensuring protection and help for these victims, we must also examine the complex of underlying factors. If child abuse is to *end*, rather than to be continually treated after-the-fact, the reasons for its existence must end. Uniform reporting laws, model programs and the best of all possible statistics reach only the visible surface. Although the suffering of these children is

easily sufficient cause to require our action, in seeking to end the nightmare of child abuse we, as a society, must go much further—we must identify and eliminate its fundamental causes.

We are looking forward to your deliberations and anticipate receiving the recommendations that this conference will produce. I can assure you that they will receive the most serious consideration as the Department plans its activities for the coming year.

STATEMENT OF RESPONSE

William C. Lunsford
Director, Washington Office
Child Welfare League of America

As the Director of the Washington Office of the Child Welfare League of America (CWLA), I would like to make one point very clear, namely that CWLA has no political axes to grind. As our name indicates, our major interest is the "welfare of children." That central focus makes it possible, therefore, for us to constructively comment on Senator Mondale's proposed child abuse and neglect legislation, and to offer a constructive view of the national administration's new efforts in the area of child abuse and neglect, as just announced.

We have come together at this conference in recognition of the fact that the physical abuse and psychological neglect of many of our children are serious national problems.

We have a national mechanism under Title IV of the Social Security Act through which we can begin to deal with the problem of child abuse and neglect. As in so many other cases, however, the machinery sits rusting in the sun, due to a lack of oil (here I mean money) which would make it possible for the wheels of progress to begin turning in this vital area.

We commend the efforts announced today by Mr. Thomas. However, that commendation is qualified by saying the newly announced initiatives are not enough, and for those physically battered and psychologically bruised children whom we will continue to identify until such time as a true national commitment is made, it will be much too little, much too late.

We are cognizant of the fact that HEW's May 1 Social Service Regulations pertaining to Title IV-A of the Social Security Act mandates Protective Services for AFDC (aid to families with dependent children) recipients, while making it virtually impossible for nonwelfare-related persons to receive such services. We also note that Protective Services are not exempted from the 90%–10% provision in the spending ceiling imposed for Title IV-A services by the General Revenue Sharing Act. Additionally, we note that the spending authorization for Child Welfare Services under Title IV-B of the Social Security Act is currently $196 million, slated to rise to $266 million for FY 1977, although the appropriation request from the national administration has remained stagnated at a miniscule $46 million.

We therefore suggest the administration exhibit its commitment to do something about the vital issue of abuse and neglect by taking the following actions:

1. Seek exemption of Protective Services from the 90%–10% feature of the ceiling on social services spending.
2. Loosen eligibility requirements under the social service regulations, in order to allow those other than welfare recipients to receive such services.
3. Promote increased appropriations for child protective services under Title IV-B of the Social Security Act.

Whereas the reporting of cases of abuse and neglect, and research bearing on identification, treatment, and prevention are absolutely essential elements in providing a solution to the problem of abuse and neglect, knowing who has been abused and why is no consolation to the child or the family if actual services are not available.

We urge the administration to pursue a policy of funding services under Title IV of the Social Security Act at the same time it is promoting its new initiatives within the Office of Child Development.

Workshop Report: IDENTIFICATION OF CHILD ABUSE

Chairman: C. Henry Kempe, M.D.
Recorder: Annette Heiser, M.D.

Many disciplines within the fields of medicine and the social and legal sciences are involved with identification of battered, abused, and neglected children. Because new approaches and laws regarding identification are being introduced in municipalities, States and at the Federal level, this working group addressed the question, should the definition of child abuse be expanded and standardized?

Discussion

The medical identification of an abused child was considered to determine what essentials must be included in any definition. Recognition entails an injury of a nonaccidental type. The duration of harm or effects, the severity or type of injury, the willfulness of the act or by whom, are not diagnostic. Therefore, the words serious, longstanding, voluntary, and caretaker are inappropriate in a definition.

The purpose of any definition is to bring the abused child to the attention of the community and, therefore, to ensure intervention. It became clear that an effective definition can be examined in two ways: (1) identification of children in need of services from the community (i.e., an operational definition); (2) identification of those who need to be reported (i.e., the legal definition). The purpose of reporting is also to obtain service for the child and family, and in some cases, to seek legal recourse.

Children in need of medical and legal recognition and intervention are those with physical injury by nonaccidental means. This alone was thought to be too narrow because children who are sexually assaulted and/or emotionally neglected are in grave danger and also need society's attention. Presently, children who are subject to chronic or acute emotional abuse are not getting protection in the courts.

The number of children who are in need of society's help is even broader. Many children need services to insure their health, growth and development. They may not have been battered or neglected, but may be at risk.

It also follows that *all* children have the right to adequate care and the means for its implementation. Currently, adequate care is left to the prerogative of parents, especially for children of pre-school age. Therefore, *access* to the child must be guaranteed. Such a guarantee would also provide the opportunity for identification of abused and/or neglected children. Health care is one method of access.

Definitions and Recommendation

The identification work group adopted definitions for identification of children whose problems must be reported and children in need of services.

Definition for identification of children for *reporting purposes*:

> A child, under the age of 18, who is suffering from physical injury inflicted upon him by other than accidental means, or sexual abuse, or malnutrition, or suffering physical or emotional harm or substantial risk thereof by reason of neglect. Reporting of neglect shall take into account the accepted child-rearing practices of the culture of which he or she is part.

Definition for identification of children *in need of services*:

> The child on whose behalf services should be given is one with or without an inflicted injury whose physical or emotional well-being is threatened.

In order to insure access to children at risk as well as to insure good medical care for all children, it was recommended that:

> Every child shall receive the necessary health services which are appropriate to his age and stage of development with primary emphasis being placed on the infant and pre-school child.

Workshop Report: LEGISLATION IN THE AREA OF CHILD ABUSE

Chairman: **Judge James J. Delaney**
Recorders: **Helen Mitchell, M.D.**
Robin Ficker, Esq.

The Legislative Work Group recognized that child abuse and neglect are major national problems, and recommended the enactment of Federal legislation on behalf of abused and neglected children. Financial assistance for the prevention of abuse and neglect as well as support for the protection, treatment, and rehabilitation of these children were held to be national priorities.

After study of proposed legislation, the group agreed that the approach to a family involved in child abuse must be nonjudgmental and nonpunitive, and should be characterized by constructive, multidisciplinary action.

Research, education, and ongoing evaluation of results must be part of all programs in the field of child abuse and neglect. Federal support was recommended to encourage States to develop comprehensive plans for meeting these needs. Participants further proposed open-ended funding for services to protect abused and neglected children. It was recommended that each State designate one agency for the receipt of child-protective services funds provided under the Social Security Act, and that the agency should be responsible for seeking cooperative arrangements with a broad range of public and private agencies. As a condition for receiving Federal funds, it was held that States should be required to submit a comprehensive plan incorporating the following minimum standards in the areas of reporting, investigation, followup, judicial process, and coordination. Such a plan would have to be implemented within 2 years in order to continue to receive funds.

Reporting

Federal legislation shall require that all professionals dealing with children report all forms of suspected child abuse and neglect. Such legislation shall also encourage *all* persons to report all forms of suspected child abuse and neglect. (The legislative group accepts the definitions of

child abuse and neglect formulated by the identification group of this conference.)

All persons who make a report or give information in good faith shall be given immunity from criminal prosecution and civil liability.

Willful failure by a mandated professional to make a report will subject such mandated professional to criminal penalty.

Investigation

The State must designate an agency or agencies which shall be responsible for the receipt and investigation of these reports on a 24-hour-a-day basis.

The State must designate an agency or agencies which shall have the power to hold the child in emergency protective custody pending a court order.

Investigation shall be performed by a specially designated and qualified staff.

Followup

The States shall develop a functioning program for treatment and rehabilitation which shall be initiated on identification of a suspected abused or suspected neglected child.

This program must protect other children in the same household.

This program shall be geared to the entire family unit and aimed at its ultimate preservation as a unit whenever possible.

Judicial Process

Federal legislation shall encourage the States to consider abrogation of privileged communications except those between attorney and clients as they pertain to suspected child abuse and neglect cases.

A guardian *ad litem* must be appointed to protect the interests of the child in all pending litigation with input at all stages of the proceeding including disposition.

All judges sitting in child abuse cases shall be admitted to the bar with adequate training to sensitize them to the special problems of the juvenile court.

Coordination

Each State shall mandate an agency to coordinate inter-State and intra-State communication and cooperation among and between State and local agencies concerned with child abuse and neglect (including *suspected* abuse and neglect).

The State shall establish a State registry to record cases of child abuse and neglect.

Grant and Demonstration Program

In addition to child protection service funds made available under the Social Security Act, the group proposed the enactment of legislation to make funds available through the Department of Health, Education, and Welfare for a grant and demonstration program in the area of child abuse and neglect. Grants awarded under such a program could be used for:

1. The development and establishment of training programs for professional and paraprofessional personnel in the fields of medicine, law, and social work who are engaged in, or intend to work in the field of the prevention, identification, and treatment of child abuse and neglect
2. Furnishing services of teams of professional and paraprofessional personnel who are trained in the prevention, identification, and treatment of child abuse and neglect cases, on a continuing basis to small communities where such services are not available
3. Other innovative projects that show promise of successfully preventing or treating cases of child abuse and neglect

National Center on Child Abuse

Finally, the group recommended the establishment by HEW of a National Center on Child Abuse to serve as a clearinghouse for information on child abuse and neglect programs and to investigate and report on the need for formulation of a model law on child abuse and neglect. This Center should also evaluate the possibility of, and need for, establishing a national registry of child abuse cases. The Center should assemble and develop educational materials for use by those likely to come into contact with neglected or abused children.

In conclusion, the members urged the Federal Government to encourage the States to devote appropriate resources to the solution of this problem and to enact Federal legislation necessary to fulfill unmet needs in dealing with known and suspected child neglect and abuse cases. The legislative standards suggested in this report should be considered minimal but not limiting.

The legislative group voted formal thanks to members of Congress already concerned with this problem.

Workshop Report: PREVENTION AND REHABILITATION IN AREA OF CHILD ABUSE

Chairman: **Brandt F. Steele, M.D.**
Recorders: **Carole Kauffman, R.N.**
Alan Zients, M.D.

The Prevention and Rehabilitation Group completed 2 days of discussion and sharing of ideas by formulating the following recommendations.

General Position Statement

It is recommended that any therapeutic or preventive program for families in which child abuse or neglect occurs should be multidisciplinary and comprehensive, dealing with the entire family unit. There must be a clear delineation of the responsibilities of each discipline involved, and coordination of all efforts directed toward the victims of abuse and neglect. For the success of these efforts, it is mandatory that both public and private child care agencies and participants in their programs develop mutual respect, cooperation, and coordination. Treatment programs must be organized for the specific needs of the individuals involved and the community served. For this reason, a program developed in one community may not be as effective as a model for another community.

Multidisciplinary

A multidisciplinary approach is necessary in all programs dealing with child abuse and neglect. Typically, health professionals, educators, social, legal, lay, and administrative personnel should be involved. Coordination among the varied disciplines is critical in achieving goals and meeting the needs of the family. In meeting these needs, we recommend that there be an advocate to represent the best interests of the child as well as an advocate to represent the best interests of the parents.

Comprehensive Services

Comprehensive services, for both parents and children, should be readily available in each community. These services should include crisis

intervention and extended services, followup, and social, educational, and economic rehabilitation.

In the crisis period it is important to respond to the family in a manner in which they will accept the services offered. This may mean departure from traditional approaches and may involve reaching out well beyond the confines of an office. Examples of crisis intervention include 24-hour hot lines, emergency home visits, a physical sanctuary for parents and the child, a crises nursery, and participation of a hospital emergency room.

Extended care involves a wide diversity of services offered by both professional and lay groups. Extended services include, but are not limited to, such modalities of treatment as Parents Anonymous, social casework, lay therapy, group therapy, traditional psychiatric approaches, foster homes (for parent and child), homemaker services, and day care centers. Parents Anonymous has proved to be a valuable vehicle in dealing with problems which parents experience. In many instances Parents Anonymous is the initial contact for parents and the conduit to other treatment programs, such as intensive individual psychotherapy. Group therapy has also demonstrated its effectiveness in reducing the incidence of abuse within the family. While foster home placement of the child is considered valuable and often necessary, it requires careful assessment as to the advisability of separating the child from the parents on either a temporary or permanent basis. Repeated temporary foster home placement over a prolonged period of time is detrimental to the child's growth and development and should be discouraged. An alternative to this, as developed in several communities, could be a home for groups of parents and their children which provides a wide range of rehabilitative services. Another successful approach is frequent home visits by a lay therapist.

Regardless of the treatment modality used at any given time, the entire family unit must be considered. This includes the nuclear and the extended family. Both relatives and/or friends may provide a vital link in the rehabilitation of a particular family, and they, too, may request and need intervention.

Comprehensive services should also include social and economic rehabilitation. Job placement, housing referrals, vocational training, education in parenting, and even increasing basic skills such as reading and writing can often assist in reducing a family's isolation or crisis situation. Not only might these efforts reduce the possibility of child abuse, but they could also have a healthy impact on the quality of family life.

The type of services needed by a family may change as treatment progresses or different needs arise. Therefore, comprehensive services must be organized in a manner which allows for flexibility. Programs should also be designed for the community they serve, which takes into consideration cultural patterns of living and child rearing. There is also a need for a homebase—a geographic location that the team can call home and the community can come to recognize as helpful.

It is essential that each treatment modality provide followup of the parents and the children to ensure that their needs are being met and to document program results.

Coordination

Coordination of the efforts of the agencies involved, both public and private, is critical for maximum utilization of available resources and dissemination of information on program effectiveness and new approaches in identification, treatment, legislation, research and education. Local and regional centers should be developed to serve this purpose. Although some efforts of this nature have been started, there is a critical need to expand coordination at all levels. Without coordination, there is a danger of even greater administrative inefficiency and a failure to provide adequate services. Yet coordination is often difficult because each agency with its own bureaucratic structure often finds the need to justify and perpetuate its own existence rather than cooperate with other programs.

At the primary level where services are being offered to the family, there may be several individuals from different agencies working with a family. For this reason a case coordinator might be appointed and charged with the responsibility of coordinating and reviewing the services.

Evaluation

The evaluation and documentation of programs are essential. The following guidelines should be considered in determining the success of a program: cessation of patterns of neglect and abuse within the family; the development of a therapeutic relationship and the maintenance of contact with the appropriate modalities of treatment over a period of time; the development of an adequate parent-child relationship with objective and subjective evidence of progress toward adequate physical, emotional and intellectual growth and development; the removal or alleviation of factors leading to child neglect and abuse; the temporary or permanent separation of parent and child, if necessary, to serve the best interest of the child, parents, or both; and the maintenance of continuing contacts with appropriate organizations or agencies for followup and periodic reevaluation.

Prevention

Prevention can be approached along several parameters. A number of parents involved in child abuse and neglect have experienced analogous abuse in their own childhood. It may be possible to interrupt the cycle of an abused child becoming a child abuser by focusing on his rehabilitation and educational experiences. Many of the children who have suffered abuse have emotional problems which must be treated early. In addition, they often display developmental lags and learning difficulties which need remedial intervention as soon as they are identified.

Another parameter of prevention may be the provision of family life education courses in secondary schools. Educational programs should include courses on the problems and tasks of parenthood. This could be provided within the public school system for students of various ages. (See discussion of this point in the Report of the Education Work Group.)

Priority should be placed on efforts to identify high-risk families and parents before abuse or neglect occurs. Evaluative techniques such as simple questionnaires and interviews are currently in use for this purpose in pre- and postnatal clinics, obstetrical units, well-baby clinics and outpatient departments. Essential to early identification is the education of all child care personnel to be aware of and alert to the premonitory signs of neglect and abuse in a family. Once identified as high risk, appropriate steps for intervention and prevention can be instituted.

General Recommendations

The initiative for mandating and funding regional and local multidisciplinary programs of prevention and rehabilitation should be undertaken by the Federal Government. To demonstrate program effectiveness and provide adequate services, programs should be funded for a minimum of 3 to 5 years. Accountability as to effectiveness is essential but might best be determined by a system of peer review which could take into consideration the subtleties of assessing programs involving many variables which cannot and perhaps should not be controlled.

The relevance to prevention and rehabilitation of broadly based socioeconomic programs aimed at improving the overall human condition cannot be overemphasized, especially for lower socioeconomic groups whose very milieu is abusive. The group endorsed the recommendations made by the Joint Commission on the Mental Health of Children. The necessity for national and regional agencies to collect and disseminate information regarding program development and progress should be a high priority.

Workshop Report: EDUCATION ON CHILD ABUSE

Chairman: **Thomas G. Webster, M.D.**
Recorders: **Susan Farnum**
Claire Nissenbaum

The Education Group made its recommendations in four specific areas: case-finding, treatment and therapy, education for primary prevention, and education for social climate.

Case-Finding

A basic core curriculum for professionals, parents, and the public should stress prevention and help rather than punishment. This curriculum should include: (1) knowledge of warning signs of actual and potential child abuse (such as role-reversal, inappropriate expectations of a child); (2) what community resources are available, stressing the prevention aspect; and (3) knowledge about and interpretation of relevant laws (i.e., suspected abuse does not mean proof of abuse).

Case-finding education should categorize child abuse as a severe *symptom* of family unhappiness. It should address the fears people have about placement. It should seek to alter the attitudes and fears of the reporting person about punishment versus help.

Public education should address the abusing parent, offer services, and inform what resources are available. Emphasis should also be placed on the public's responsibility to report child abuse. Means of public education might include a hot line, a speakers' bureau through cooperation of agencies, and displays of information made readily available. Other means for child abuse messages and preventive education might include films, television, radio, and newspapers.

A specialized core curriculum suggested for physicians, nurses, social workers, and hospital personnel, would include the following:

1. Skills to help recognize hidden requests from families
2. The knowledge that corrective treatment begins with the first contact with the family
3. Knowing what to say to encourage the family to follow help offered
4. Help in altering a family's angry and critical responses
5. Knowing the common, specific injuries that are frequently a result of child abuse

6. Knowing when and where to admit a child for protective purposes
7. The importance of what to put in medical records for legal purposes
8. Help in reporting (particularly for those in the community faced with community pressures), stressing the fact that the first step in offering positive help is reporting the suspected abuse
9. Providing knowledge of specific information as to local social agencies, including hospitals
10. How to maintain a helping role with the family
11. Knowledge of neglect and abuse as defined and etiology of problem
12. Knowledge that in reporting suspected abuse, they are helping parents, siblings, and future children
13. Observation skills so that one is able to pick up signs of difficulty and signs of progress
14. Supervision and inservice training for formal education and conference

Policymakers, including city and State officials, legislatures, and heads of departments, should be informed, and the emphasis should be on the high priority that problems of child abuse must take.

Paraprofessionals, who might include child care staff, homemakers, and foster parents, should be educated as to the symptoms and where to go for assistance.

School personnel should be informed that help begins with reporting symptoms of neglect and abuse, that resources are available, and that their role is very important in implementing this referral. It should be stressed that principals and counselors should provide a strong backup to teaching staff.

Policemen, firemen, rescue workers, and others who respond to emergencies need training in helpful attitudes toward abusive families, skills in recognizing unusual happenings, knowledge of where to refer for help, and knowledge of resources such as a speakers' bureau, symposia, and inservice training opportunities.

Treatment and Therapy

Any child-family problem leading to child abuse must at some time have the benefit of a comprehensive, multidisciplinary team approach.

Of the many disciplines concerned with evaluation and treatment of problems of abuse, the following would almost always be involved: (1) health, (2) social, (3) legal, and (4) paraprofessional services.

1. Health Personnel

a. Physicians: The responsible physician should be trained to approach the parents in a nonjudgmental way, to cooperate with other disciplines,

to know what resources are available, and how to refer. He should also know legally how treatment (including hospitalization) may be rendered over parental objection, how to render emergency treatment in the absence of consent, how to maintain appropriate records for court use, and how to be an effective witness. He should know hospital policy in regard to the taking of X-rays and photographs. He should work with the hospital administration to help balance hospital policy and protection with the needs of the child.

b. Nurses (pediatric, psychiatric, and public health) should be trained to be nonjudgmental toward parents, to provide a "helping" milieu in the hospital setting, to keep accurate charts, and to be effective witnesses. After the child's return home, nurses can play a therapeutic role in the home, and help train others in the family. They can also help mothers who need help at learning how to mother.

2. Mental Health and Social Service Personnel

These specialists require knowledge and skill in specialized child protective services. They are also responsible for assessing the following in child abuse situations:

a. The underlying dynamics
b. Evaluation of risk to child and siblings
c. The capacity for change in parents
d. Diagnosis of treatment potentials
e. Development of treatment plan
f. Rendering service in accordance with treatment plan
g. Initiating court process when needed

3. Legal Personnel

In connection with the use of courts to deal with child abuse cases, training can be valuable for judges, court personnel, defense counsel, petitioners' attorneys, and children's attorneys.

4. Paraprofessionals

Lay therapists (health care aides, foster parents, foster grandparents, homemakers) can benefit from training in dynamics—learning how to be accepting, nonpunitive, and how to provide positive reinforcement regarding child care under case work supervision.

Particular reference was made to the multidisciplinary team approach employed at Kauikeolani Children's Hospital, Honolulu, Hawaii. (*See* Kalisch, Beatrice J., Ed.D., R.N. "What Are Hospitals Doing About Child Abuse in 1973?: A Preliminary Report of Nationwide Survey of 120 Hospitals," p. 17).

Education for Primary Prevention

The learning of positive family development concepts should be a lifelong "immunization" process against child abuse with "booster shots" of more learning at critical periods in the life cycle.

The following were among the educational approaches suggested for appropriate critical periods in family life:

1. Child-rearing concepts should be started in elementary school and expanded at secondary levels.
2. Concepts of healthy home situations and sound child-rearing concepts should be incorporated in educational reading and social studies texts.
3. Attention should be given to role models.
   a. *Teachers* of child development curriculum should have child development inservice or continuing education programs.
   b. *Corporal punishment* in schools should be abolished.
   c. *T.V. programs* should include concepts of human development and peer relations with less emphasis on violence.
4. Specific *child development and family practice training* should include practical supervised experience such as education for parenthood programs and cadet teaching programs. Exposure to home economics at cross-age levels can be done in student-to-student tutor projects. Teachers of such courses should have a high status. Practicums should use such facilities as kindergartens and day care centers and other child care facilities. Exposure should relate to child development principles such as age appropriate expectations, good teaching concepts, good limit setting, and appropriate punishment.
5. Family planning education should be implemented in high school and should be available to the general public. A most appropriate time for a potent "booster shot of education" is around the time of the birth of a child.
6. Prenatal education should include guidance as to the joys and problems of having and rearing a child. Clinic and office visit waiting time should be time for exposure to child development material through the use of audio-visual aids and group teaching.
7. The immediate postpartum period is another time for group education. The committee felt that the work of Elsie Broussad of the University of Pittsburgh is exciting and should be further supported and expanded.
8. The importance of maintaining "life lines" to avoid risks of isolation should be emphasized. Supportive services should be available on a regular basis to all postpartum parents.

9. Special education and ready individualized support in the community for high-risk families might include:
    a. Young mothers who have many children close in age
    b. Single parents
    c. Parents with histories of alcoholism, drug addiction, or delinquency
    d. Occasionally parents with handicapped or premature children who are faced with a particularly difficult situation in rearing their children
10. Education of parents should include information about:
    a. Teaching their children
    b. Setting limits
    c. Discipline
    d. "Crying" as a communication
    e. The child's not being a little adult
    f. The improbability of spoiling a child

Education for Social Climate

The target population for this education includes the general population and selected special groups. The general population may be approached as (a) taxpayers, (b) parents, (c) managers and administrators, and others.

Key groups for education include (a) political and community leaders, (b) local government and school boards, (c) parent-teacher associations, (d) teacher organizations and others.

Such education must be designed in cooperation with communications specialists, behavioral scientists, and educators to be maximally effective, and modified by local leaders to meet local requirements.

The goals of such education include:

1. Creation of a favorable climate for broad case-finding and effective case management
2. Establishment of long-range and short-range goals and an ordering of priorities
3. Development of public support for adequate budgets and understanding relationship of Federal and State budgets to local service programs
4. Implementation of a phased campaign to reduce faddishness in public response to child abuse
5. Fostering of mutual education of professionals and key public officials and policy makers

The particular point was made that education of the public should clearly convey the danger of short-range, sensational focus on individual cases or groups, with due regard to the risks of reinforcing existing racial

and class biases and to the possible stimulation of further hostile and aggressive behavior.

RESOLUTION ADOPTED BY EDUCATION WORKSHOP ON CHILD ABUSE

Whereas there is growing concern about the lack of adequate protection for America's children, and particular alarm at the apparent increasing incidence of child abuse and neglect, the participants in the Education Workshop on Child Abuse resolve:

1. to commend the Congress for its actions in recognition of the need for more adequate protection for children, such as
   a. the increased authorization for Title IV-B approved during the last Congress and
   b. the legislation introduced in the current Congress, by Senator Mondale and others, aimed at protecting children;
2. to commend DHEW for its actions in recognition of this same need, such as
   a. establishment of the Office of Child Development as a continuous body within the Federal Government and
   b. funding of additional programs in this area;
3. to recommend that the Congress expand short range educational efforts and other services aimed at protection of children by earmarking $90 million of Title IV-B funds for this and other purposes related to child protective services, including child abuse and neglect in FY 1974, and that these funds be appropriated at once;
4. to recommend that DHEW encourage the States to utilize in an appropriate manner the full $90 million for educational efforts and other services including child abuse and neglect.

Whereas there is a need for a separate, long-range educational program to prevent those conditions and attitudes which lead to child abuse and neglect, the Education Workshop on Child Abuse further resolves:

1. to recommend that
   a. the Subcommittee on Children and Youth of the Senate Committee on Labor and Public Welfare, and an appropriate corresponding subcommittee of the House, undertake a set of hearings, nationally and locally, aimed at discovering the underlying causes of child neglect and abuse, and such other conditions as threaten the protection of America's children;
   b. at the conclusion of these hearings, legislation be drawn up based on the findings of those attitudes and conditions which endanger children.

2. to recommend that DHEW, acting through its Office of Child Development,
   a. conduct thorough inter-governmental study of the means of preventing chi!d abuse and neglect, in cooperation with representatives of States and other jurisdictions, along with representatives from private, nonprofit groups and individuals with particular interest and expertise in protecting children;
   b. utilize those findings to conduct such educational activities as are required to prevent child abuse and neglect, and to protect America's children.

Presented to the Conference
by William Pierce,
Child Welfare League of America

Workshop Report: RESEARCH ON CHILD ABUSE

Chairman: **Eli H. Newberger, M.D.**
Recorders: **Kathy Neill, R.N.**
Joseph Nosapitz, M.D.

Because of the complex nature of the problem of child abuse it was felt that a Research Work Group was an essential part of the National Conference on Child Abuse. The task of the group was to identify the important questions for future study and to struggle with the critical issues of concept, method, investigative ethics, and the relation of study to practice and to policy.

Discussion

The views expressed by the participants in the Research Workshop ranged from the position that research is a means of delaying necessary social action ("We know battering a child is wrong; let's do something about it"), to pleas for evermore refined methodology to randomize observations, bring in controls, and utilize more sophisticated mathematical analytic techniques to yield precise and objective data.

The proper foci of research efforts were agreed upon, and they were diverse: a spectrum of possibilities that stretched from society in its broadest cultural and ethno-political dimensions, through a concern with social elements such as class and race, to a focus on instrumentalities such as the courts, the police, and the professions, and finally to the study of families, parents, and what in fact becomes of abused children.

A major divergence of views was aroused by the issue: Is the abusing family an inevitable product of a sick society in which values (money is the primary good, bodily pleasure is evil) tend to lead to competition, conflict, and violence; or does it represent a form of individual and family psychopathology best understood within the framework of a theory of individual psychosocial development? There was general agreement, however, that the attitudes of our society toward its children and accepted violent child-rearing practices need careful scrutiny and appropriate action.

A more overt and striking difference of views was reflected in the observations of some that separation of abused children from their homes

into foster care led to the optimum outcomes, while others felt that helping families keep the children at home was both less expensive and more effective.

Research Principles

After considerable deliberation, the members of the group developed a set of research principles. These come under three headings:

First, the phenomenon of child abuse is multidimensional. It is neither the sole problem of the individual nor that of society but rather emerges from the interaction between the two. Hence, research must be directed to multiple levels and at multiple points within this dynamic, reciprocal, and multifaceted system.

Second, the group was deeply impressed with the many sensitive and vital ethical issues which affect the field and bear on the research. Much effort and thought were given to the problem of protecting the rights of children and families as one studies them, and to the long-range implications of labeling, central registries, and other such practices. Community participation in the analysis and interpretation of research data was felt to be as fundamental as the informed consent of those studied. Maximum protection of the dignity and privacy of all individuals involved must be basic to the thinking of every researcher.

Third, the actual methodology of research was a central focus both in terms of refinement of technical detail and attention to possible sources of distortion. Ethical and racial biases are omnipresent dangers which can result in the application of preselected assumptions to preselected populations in order to arrive at predictable conclusions. Another danger exists in the distorting effects of studying reported abuse-linked populations without examining unreported cases, or controlling with random samples. As the field advances, methodology must advance as well.

Recommendations

In reviewing the ground covered by the discussion, it is evident that the state of research in child abuse requires:

1. That research efforts be pursued vigorously. We are only at the border of understanding in this complex and urgent field.
2. That research efforts must be multilevel, from the broadest sociological-demographic and philosophical standpoints, to the finest details of interventional methods, individual dynamics, and operational practices.
3. That research efforts must be long-range with developmental and longitudinal dimensions built in.
4. That research efforts must be multidisciplinary, with integrated approaches involving multiple skills and multiple viewpoints coming to bear simultaneously on the problem at hand.

5. That research efforts have relevance to the larger problem of violence, family structure, and personality development, and have integration and communication with other behavioral research programs.
6. That all research efforts on child abuse and neglect attend seriously to the ethical principles of confidentiality, informed consent, and the preservation of the rights and interests, both individual and collective, of those families and populations brought under study.

CLOSING SESSION: A SUMMARY

The closing session of the National Conference on Child Abuse provided an opportunity for all conference participants to hear the reports developed by the individual work groups. In the ensuing discussion, three major issues were raised from the floor and responded to by the chairmen of the work groups.

The *first issue* had to do with the question of whether the report of the Work Group on Identification had given sufficient attention to the social aspects of the child abuse problem. It appeared that the definition provided by this Work Group focused only on individuals in families and did not provide a basis for planning interventions at any other than the individual and family level. The same view appeared in the report of the Work Group on Legislation which also focused primarily on the individual in the family and not on social factors which were involved in the problem of child abuse. There was a need to take the whole question of child abuse beyond a medical perspective and see it as a problem of massive societal abuse of children reflected in the millions of children in the United States who do not receive enough to eat and who do not receive equal treatment through prevailing institutional arrangements. An expilicit statement of values was therefore needed in order to provide measures of child abuse and neglect. It should be stated that every child is of equal worth and is entitled to equal rights in the social, economic, political, and every other sphere. This statement would then provide a yardstick against which to measure societal performance; without such a yardstick, child abuse would continue to be a very relative thing, and many children would continue to be abused and neglected.

Dr. Kempe replied on behalf of the Work Group on Identification that concern with the larger aspects of the child abuse problem had been reflected in the broad definitions developed by the Work Group with respect to child abuse. For example, children in need of services included any child whose physical and emotional well-being were being threatened, with or without an inflicted injury. Physical well-being clearly included being well fed, and hunger should be considered both a physical and emotional abuse. In developing its broad definitions, however, the group realized that the value of these definitions would only be proven after it was seen what could be done with them in terms of actual program development at State and county levels.

A *second issue* raised in the discussion concerned the proposed new National Center for Child Abuse to be located somewhere in the Federal Government. Some discussants felt that the Center could not be effective if its functions were limited mainly or entirely to coordination and dissemination of information, and that all component activities should be pulled together in the Center so that it could carry out the prime function of support for clinical and social services as well as research and evaluation. Other discussants questioned the value of setting up a program at the national level to deal with clinical and social service needs in the child abuse area when such a program would be far removed from the children actually in need of such services. It was suggested that action programs organized at the regional or State level provided more appropriate intervention models.

Dr. Newberger noted that earlier discussion in the Work Group on Research had called attention to the diversity of views as to what is important in the child abuse area with respect to such problems as case identification, public policy, legislation, program planning, research, and management. It was also important to emphasize that child abuse was not a problem of exclusive concern to professional people and that getting funds to workers in the field and getting families in touch with medical and ancillary services would not be a sufficient way of responding to the problem. Alternatives for action should be developed and pursued in relation to local priorities, values, and needs. Action should be developed to operate on the causes of child abuse in the larger social context and to act on suggestions such as the citizen-based child development councils proposed by Senator Mondale in his child development bill and the recommendations of the Joint Commission for Mental Health which pointed out other ways of getting at problems which lead to child abuse in communities. Dr. Newberger concluded that he saw no simple definition, policy, or intervention approach for the child abuse problem, that formalized large-scale and narrowly defined "protective" programs should be avoided, and that the real need was for flexibility and a willingness to live with diversity.

The *third issue* raised in the general discussion concerned the suggestion in the report of the Work Group of Legislation for new legislation that would require all professionals dealing with children to report all cases of suspected child abuse and neglect, and that would make these professionals liable to criminal penalty for willful failure to make such reports. It was pointed out that a group such as Parents Anonymous had been able to work effectively with professionals in the past, and had shared names and addresses with such professionals, but with the understanding that anonymity would be respected. Various social agencies and courts had been aware of this arrangement, but had not interfered. It now appeared that the proposed new legislation would require that the professionals who had been working with these anonymous programs make

a full report on these programs, and this would also serve as a deterrent to many parents who were in need of receiving help through a program which protected their anonymity. Programs in other areas such as drug abuse made provision for anonymity, and it was vital to protect anonymity in the child abuse area as well.

Judge Delaney commented for the Work Group on Legislation that the point with respect to anonymity was well taken and represented the kind of needed input that could be generated if a new model law on child abuse and neglect was drafted and circulated.

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